

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

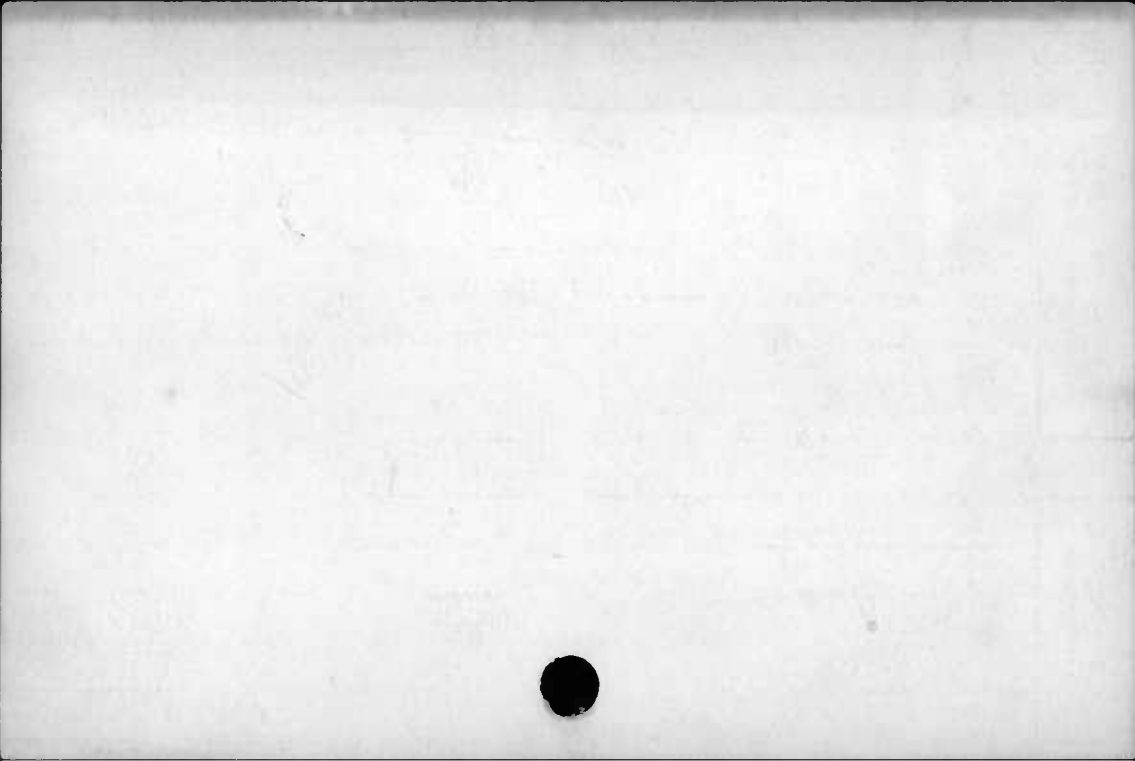
Died at <i>Silver Run</i>		County <i>Ganoll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>6</i>	Age <i>73</i>	Months <i>9</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Union Mills</i>		
Occupation <i>Fanner</i>	Where Residing if not at place of death <i>7</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Larinda Carter</i>				
Father's Name <i>Philip Carter</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Molly Stz</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Nahia Carter</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Complication of diseases</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. Lewis Hetzel M.D.</i>
	Address <i>Union Mills</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

Pelham M. Barnum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hospital*

Town

Carroll

County

Date of death *1907*

Month

June

Day

*1st*Age *38*

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Florida*

Occupation

*R.R. Brakeman*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*"*Mother's
Birthplace*"*Name of person giving
information*Hospital records*How related
to deceased

CAUSES OF DEATH

(27)

Primary

Pulmonary tuberculosis

How long

?

Immediate

Acute Gastritis

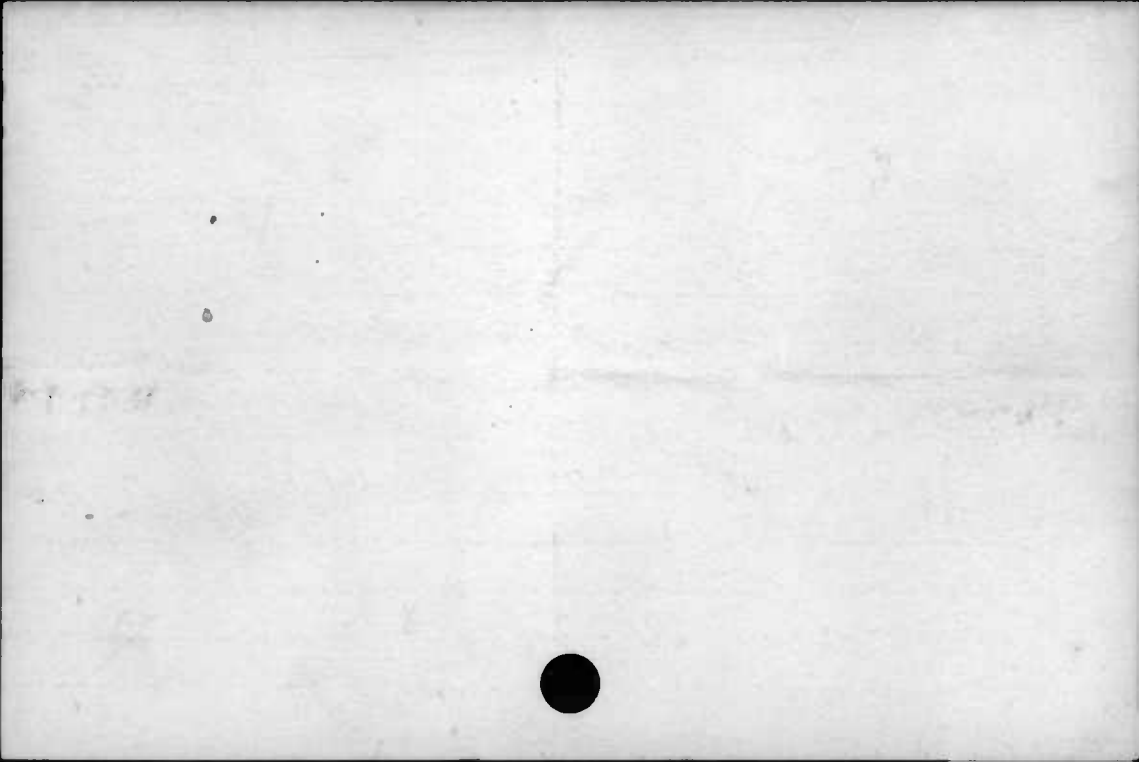
How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. J. Carey*
Lynxville Md.

Address

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

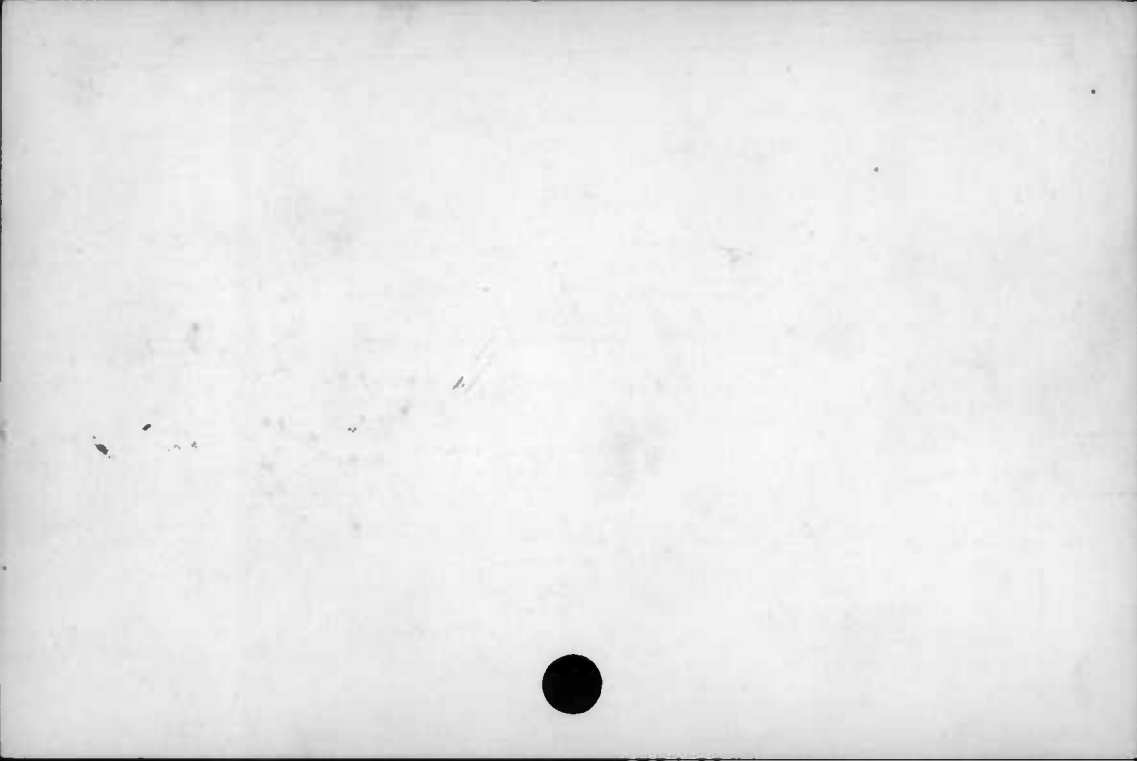
MARYLAND

Died at *Union Mills* ^{Town} *Garrett* ^{County}Date of death *1907* ^{Month} *June* ^{Day} *22* ^{Years} *5-5* ^{Months} *1* ^{Days} *2*Sex *Female* Color or Race *White* Birth-place *Littlestown*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Wm. J. Brown*Father's Name *Edw. G. Brooks* Father's Birthplace *unknown*Mother's Maiden Name *Annie R Baumgardner* Mother's Birthplace *unknown*Name of person giving information *Edward Brown* How related to deceased *Son*

CAUSES OF DEATH

(179)

Primary *Endocarditis* ^{How long} *4 weeks*Immediate *Nephritis & convulsions* ^{How long} *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. L. Lewis Wetzel, M.D.*Address *Union Mills Ind.*Accident or Suicide? *—*



Name
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Full

CERTIFICATE OF DEATH

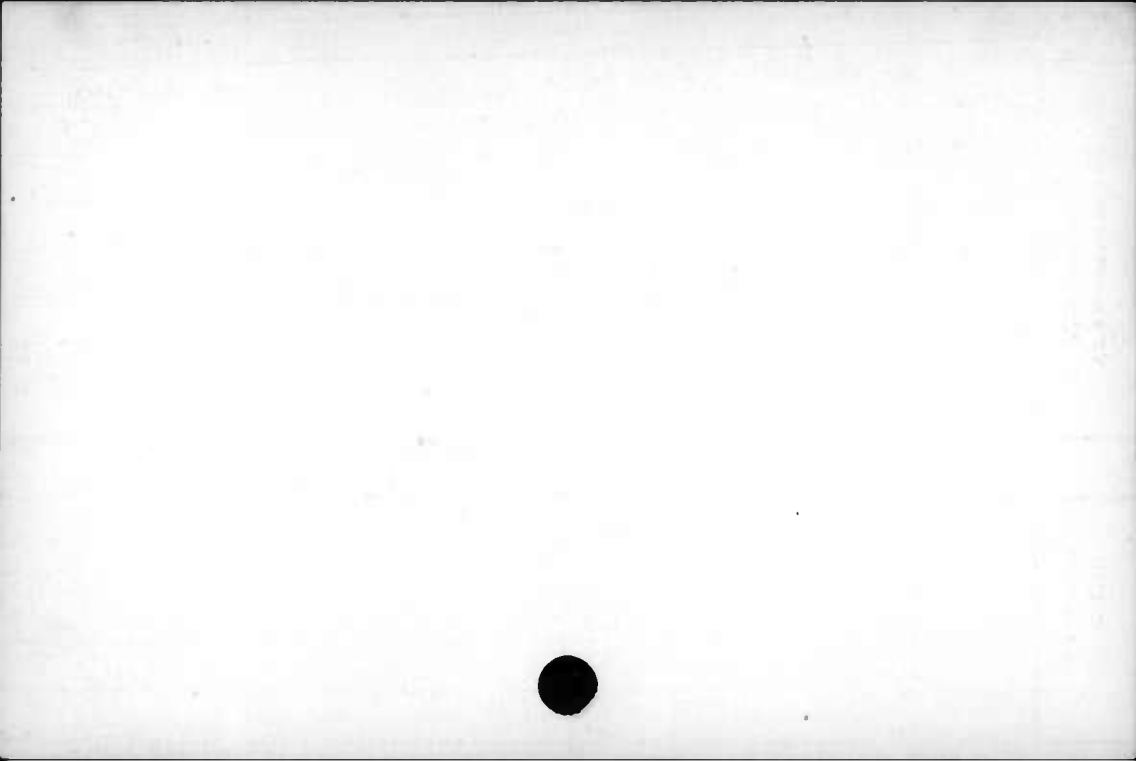
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>9</i>	Years <i>40</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Foreman of canopy</i>	Where Residing if not at place of death <i>New Windsor</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Glanni Byers Thompson</i>				
Father's Name <i>William Byers</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Sarah Leppo</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Leslie Smucker</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthenia</i>	How long <i>Undiscovered</i>
Immediate <i>Alcoholism</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr Ira E Whitehill</i>
	Address <i>New Windsor Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name in Full		Harriet Jane Cassell				208 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westminster		County Carroll	
		Date of death		Month June		Day 3	
		Age		Years 23		Months 9	
		Sex		Female		Color or Race white	
		Occupation		Housewife		Birth-place Carroll Co Md	
		Where Residing if not at place of death		Home			
		Married, Single or Widowed		married		Name of Wife or Husband Henry Cassell	
Father's Name		Michael Babylon		Father's Birthplace Carroll Co Md			
Mother's Maiden Name		Mary Well		Mother's Birthplace			
Name of person giving information		Henry Cassell		How related to deceased husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Mitral Regurgitation Dilatation			
		Immediate		Heart Failure			
		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		Chas. R. Xant			
		Address		Westminster Md			
		Accident or Suicide?					

Canells Cemetery,
Stoner

Name
in
Full

Anna Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Lareytown</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>5</i>	Age <i>85</i>	Years	Months <i>0</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Clark</i>					
Father's Name <i>Samuel Linn</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Sarah Linn</i>			Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>L Calvin Linn</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

154

Primary <i>Senile Dementia</i>	How long <i>Three years</i>
Immediate <i>Exhaustion</i>	How long <i>Ten days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Davis</i>
	Address <i>Lareytown</i>
Accident or Suicide?	<i>md.</i>

Pine Cemetery
Pa

Name
in
Full

Mary B. Clingan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Taneytown^{County} Carroll

MARYLAND

Date of death 1907 6 30

Age 36

Months 6 Days 22

Sex Female

Color or Race White

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of ~~Wife~~ Husband

Samuel E. Clingan

Father's Name

Bendigo Newcomer

Father's Birthplace

Md

Mother's Maiden Name

Maggie Bloom

Mother's Birthplace

Md

Name of person giving information

Samuel Clingan

How related to deceased

Husband

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary

Pregnancy. Uremia

How long

8 1/2 months

Immediate

Convulsions & P. P. Hemorrhage

How long

6 hours.

Are the name, age, sex, color, date and place correctly given above?

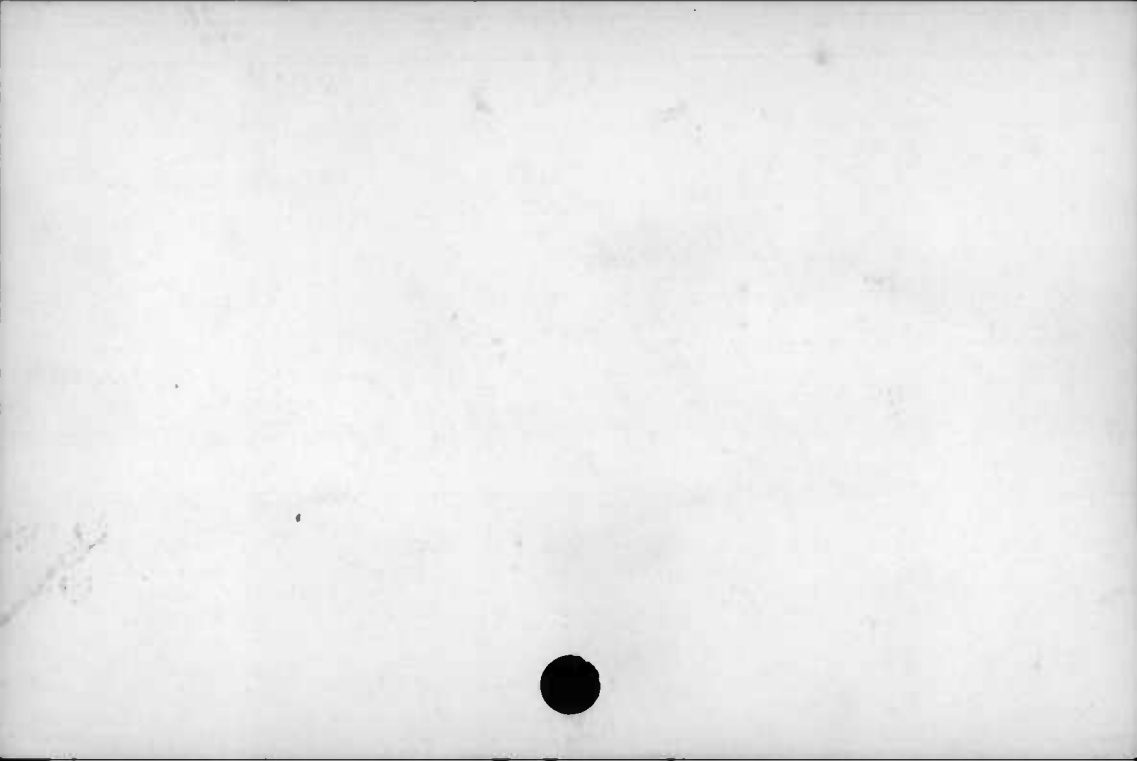
Signature of Physician

Dr. H. Lewis

Address

Taneytown.

Accident or Suicide?



Name
in
Full

Allie De Camp.

CERTIFICATE OF DEATH

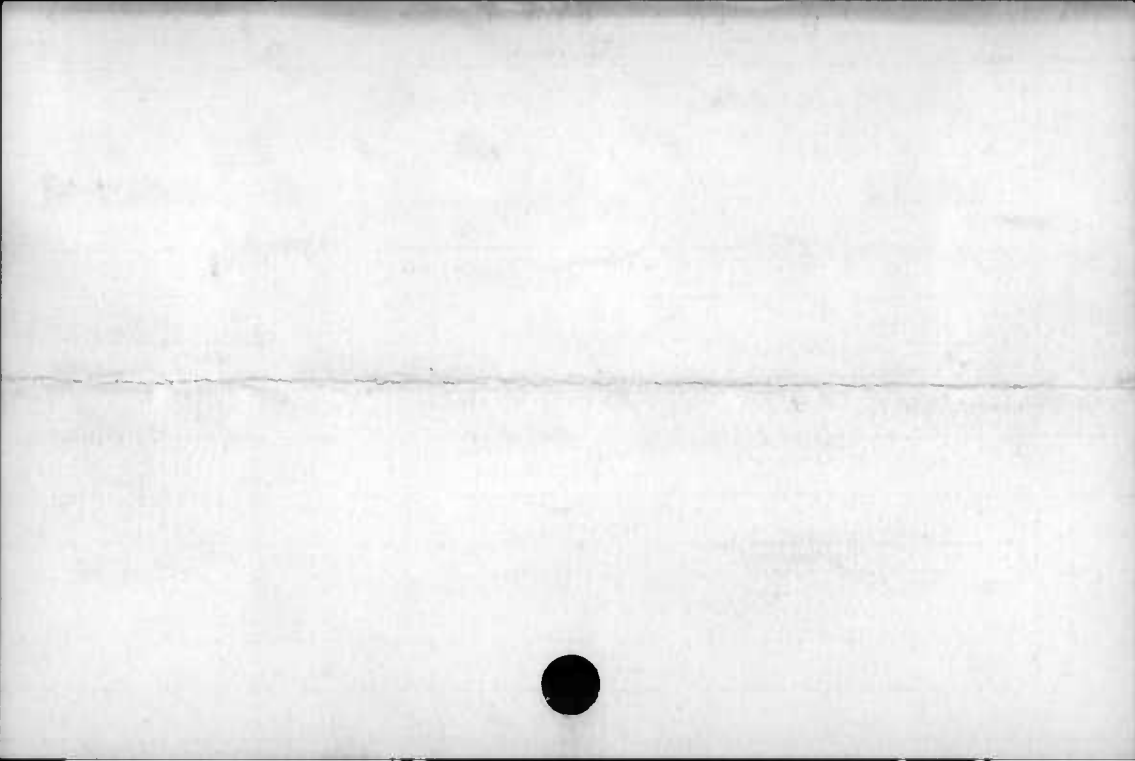
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Sykesville</i>		County <i>Carrroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>6th</i>	Day <i>13th</i>	Age <i>47</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Washington D. C.</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Sidney De Camp</i>		Father's Birthplace <i>France</i>					
Mother's Maiden Name <i>Mary — unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	(27)	How long	<i>?</i>
Immediate	<i>Exhaustion</i>		How long	<i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge.</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>		
		Address <i>Sykesville Md.</i>		
Accident or Suicide? <i>No.</i>				



Name in Full		Edgar Well		NO 209		CERTIFICATE OF DEATH	
Died at		Westminster Town		Carroll County		MARYLAND	
Date of death		1907 June 9		Age 30		Months 8 Days 24	
Sex		Male		Color or Race		white	
Occupation		Laborer		Where Residing if not at place of death		Home	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Jerome Well		Father's Birthplace		Carroll Co Md	
Mother's Maiden Name		Catherine Caphes		Mother's Birthplace		" " "	
Name of person giving information		Jerome Well		How related to deceased		Father.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(79)</div>							
Primary				How long			
Immediate		Silitation Cardiac		How long		5 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Eugene M Sullivan	
				Address		146 Main St, Westminster, Md	
Accident or Suicide?							

Westminster-Cemetery
Stones,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Airie Oliver Shunson*

Died at *New Windsor Carroll* *Town* *County* **MARYLAND**

Date of death **1907** *June* Month *10* Day Age *6* Years Months *1* Days *10*

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jessie Thornton Shunson* Father's Birthplace *Maryland*

Mother's Maiden Name *Grace E. Johns* Mother's Birthplace *Maryland*

Name of person giving information *Jessie T. Shunson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Basilar Meningitis* **(28)** How long *3 days.*

Immediate *Coma* How long *3 hours.*

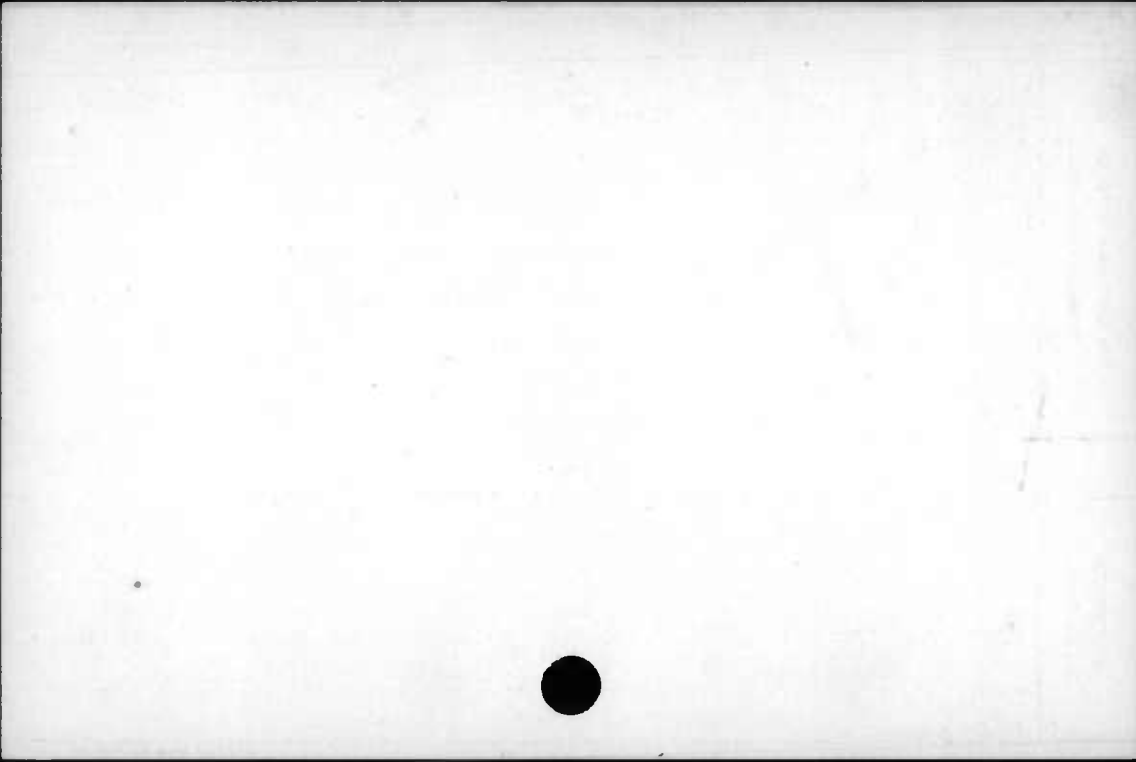
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of
Physician

Address

Whiting Heath
New Windsor
md.

Accident or Suicide?



Name
in
Full

Isabelle Ellicott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hosp. Sykesville - Carroll*

Date

of death *1907*

Month

June

Day

2nd

Age

Years

69

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*House keeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Unknown*Father's
Name*David Pierce*Father's
Birthplace*Virginia*Mother's
Maiden Name*Isabelle Duly*Mother's
Birthplace*Md.*Name of person giving
Information*Hospital records*How related
to deceased*None*

CAUSES OF DEATH

Primary

Chronic Mania

How long

68 $\frac{1}{2}$ years.

Immediate

Exhaustion

How long

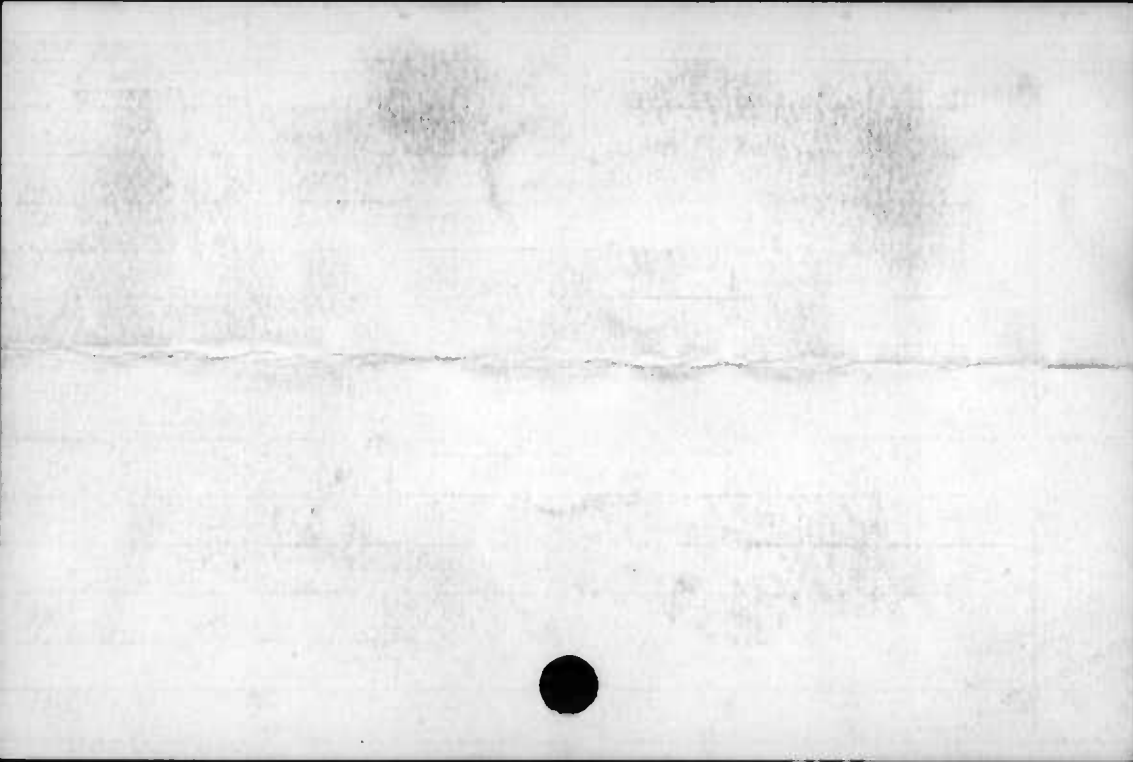
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. Henry Fisher M.D.*

Address

*Sykesville
Md.*

Accident or Suicide?

*No.*PHYSICIAN
OR CORONER*of my knowledge.*



Name
in
Full

Norman Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

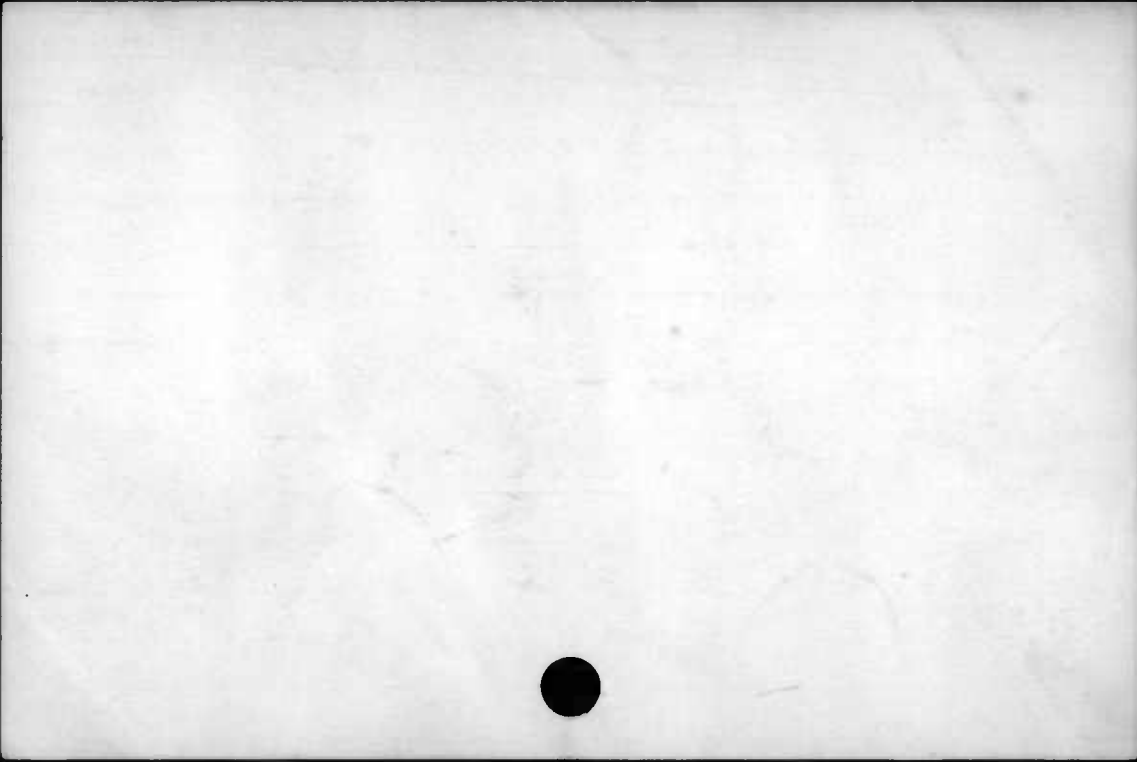
Died at <i>Int. City</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>June</i> ^{Day} <i>8</i> ^{Years} <i>7</i> ^{Months} <i>—</i> ^{Days} <i>—</i>	Sex <i>Male</i>		Color or Race <i>White American</i>	Birth-place <i>—</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
M ^{Married} , Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert E. Evans</i>			Father's Birthplace <i>Calvert Co. Md.</i>		
Mother's Maiden Name <i>Miss Nora Storme</i>			Mother's Birthplace <i>Baltimore Md.</i>		
Name of person giving information <i>J. E. Evans</i>			How related to deceased <i>Grand father</i>		

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Empyema-heart much displaced</i>	How long <i>7 weeks</i>
Immediate <i>Chloroform anaesthesia</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Gaver</i>
	Address <i>Int. City Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

215

CERTIFICATE OF DEATH

Benjamin S. Franklins

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 June

24

Age

63

7

19

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Physician

Where Residing (not
at place of death)Married, Single
or Widowed

Widower

Name of Wife or
Husband

Agnes A. Shree

Father's
Name

Thomas S. Franklins

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elena A. Franklins

Mother's
Birthplace

Id

Name of person giving
Information

Lillian Franklins

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Dropsy Acute

(177)

How long

2 Years

Immediate

Heart Failure

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

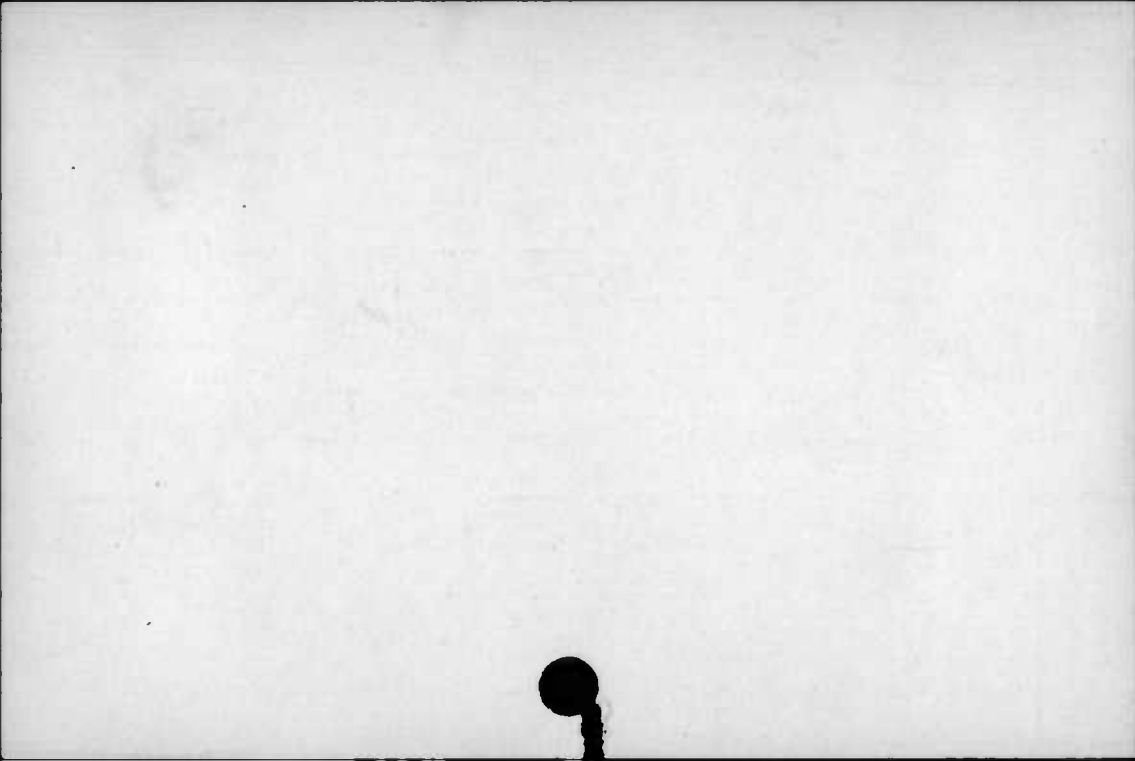
Address

Jas. H. Billingslea M.D.
Westminster Md

Accident or Suicide?

No -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Joseph H. Goodwin,

MARYLAND

Died at ^{Town} *near Winfield*County *Carroll*Date
of death *1907*Month *6*Day *18*

Age

Years *43*Months *9*Days *3*

Sex

*Male*Color or
Race*White*Birth-
place*Daniel, Md.*

Occupation

*Laborer*Where Residing if not
at place of death*near Winfield, Md.*Married, Single
or Widowed*Married*

Name of Wife

*Fannie M. Goodwin*Father's
Name*John Goodwin, (deceased)*Father's
Birthplace*Unknown*Mother's
Maiden Name*Anna H. Green, (" ")*Mother's
Birthplace*Unknown*Name of person giving
In formation*Fannie M. Goodwin*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Cold

How long

1 week

Immediate

Pneumonia

How long

*15 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E D Crook*

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ebenezer

Name
in
Full

Mary E. Goslee

CERTIFICATE OF DEATH

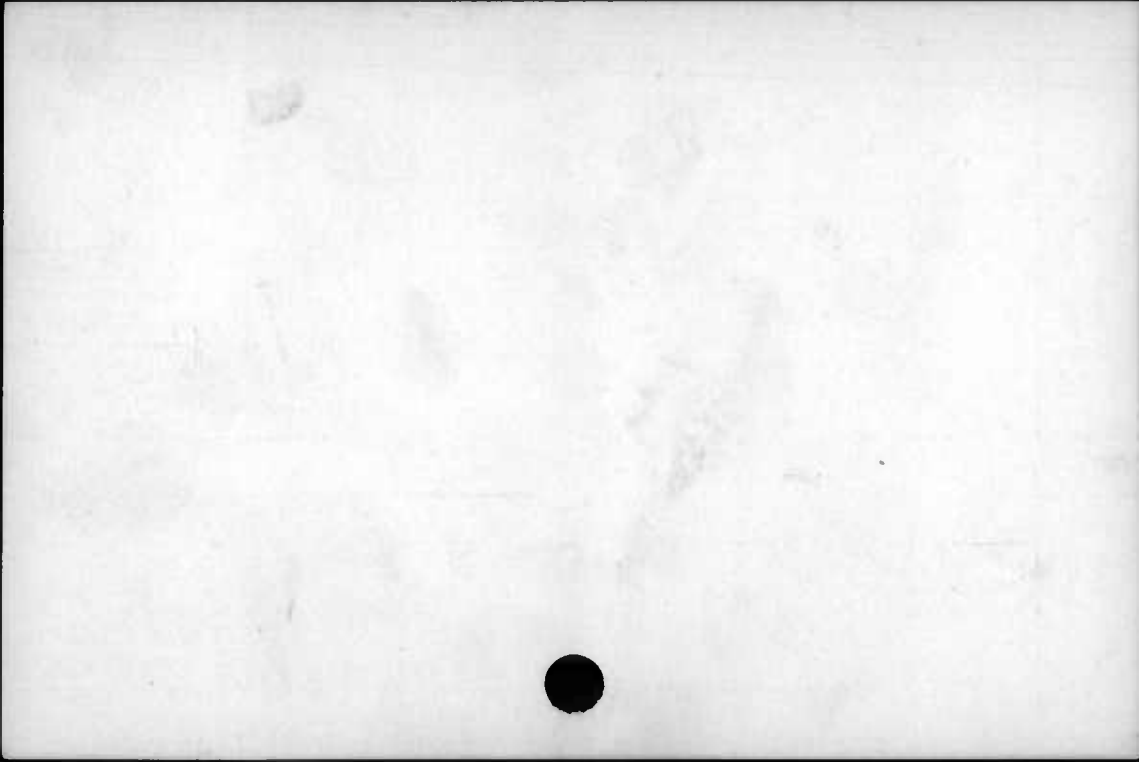
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lykesville		County Carroll		MARYLAND	
Date of death		1907	Month June	Day 17 th	Age 35	Years	Months Days
Sex Female		Color or Race White		Birth- place Md.			
Occupation Housekeeper				Where Residing if not at place of death			
Married , Single Widowed		Single		Name of Wife or Husband		—	
Father's Name Wm. J. Goslee				Father's Birthplace Md			
Mother's Maiden Name Sarah E. —				Mother's Birthplace Md			
Name of person giving information Jno. W. Goslee				How related to deceased Bro.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Melancholia		(68)	How long About. 4 1/2 yrs.
Immediate Exhaustion from Malnutrition			How long —
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician John Norfolk Morris M.D.
			Address Springfield Hosp. Lykesville Carroll Co. Md
Accident or Suicide?		—	



Name
in
Full

Amanda Haines

CERTIFICATE OF DEATH

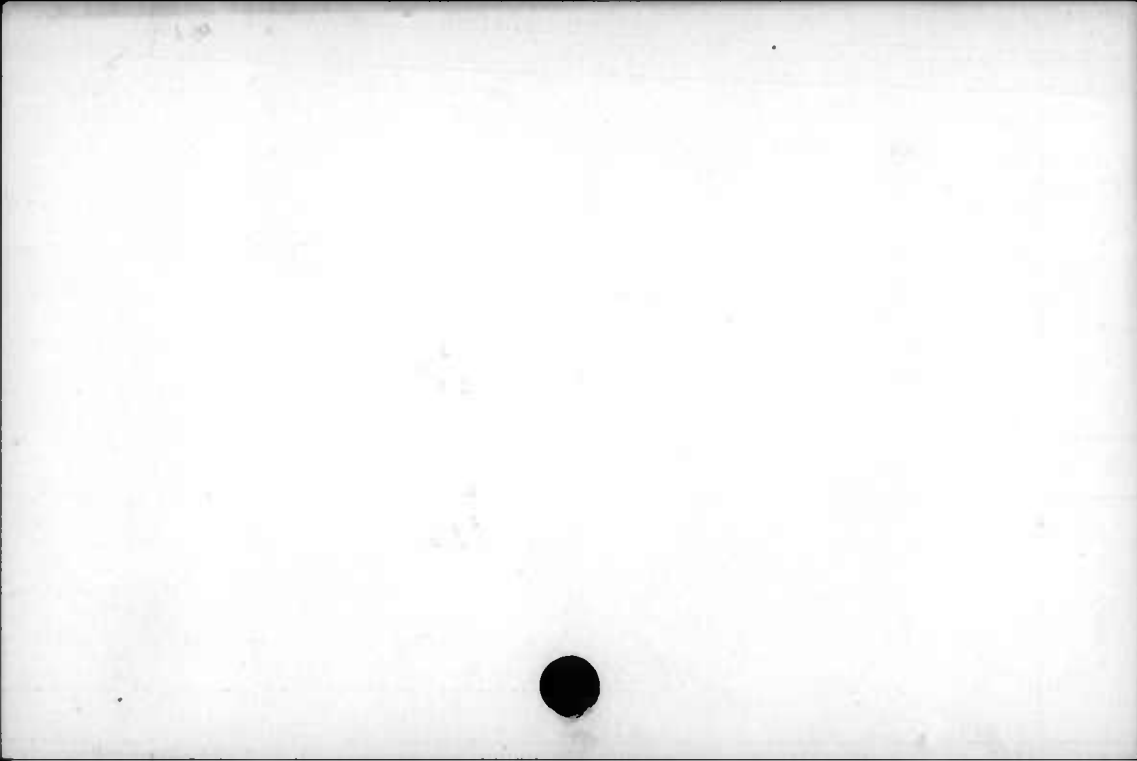
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leominster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>23</i>	Age <i>68</i>	Months <i>9</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Leominster</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Samuel A. Haines</i>				
Father's Name <i>Andrew Bair</i>	Father's Birthplace <i>Pen.</i>				
Mother's Maiden Name <i>Eliza Bair</i>	Mother's Birthplace <i>Pen.</i>				
Name of person giving information <i>Charles Haines</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>41</i>	How long
Immediate <i>Cancer of bowels</i>		How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Brown</i>	
	Address <i>New Windsor</i>	
Accident or Suicide?		



Name
in
Full

Laura Irene Hamm.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

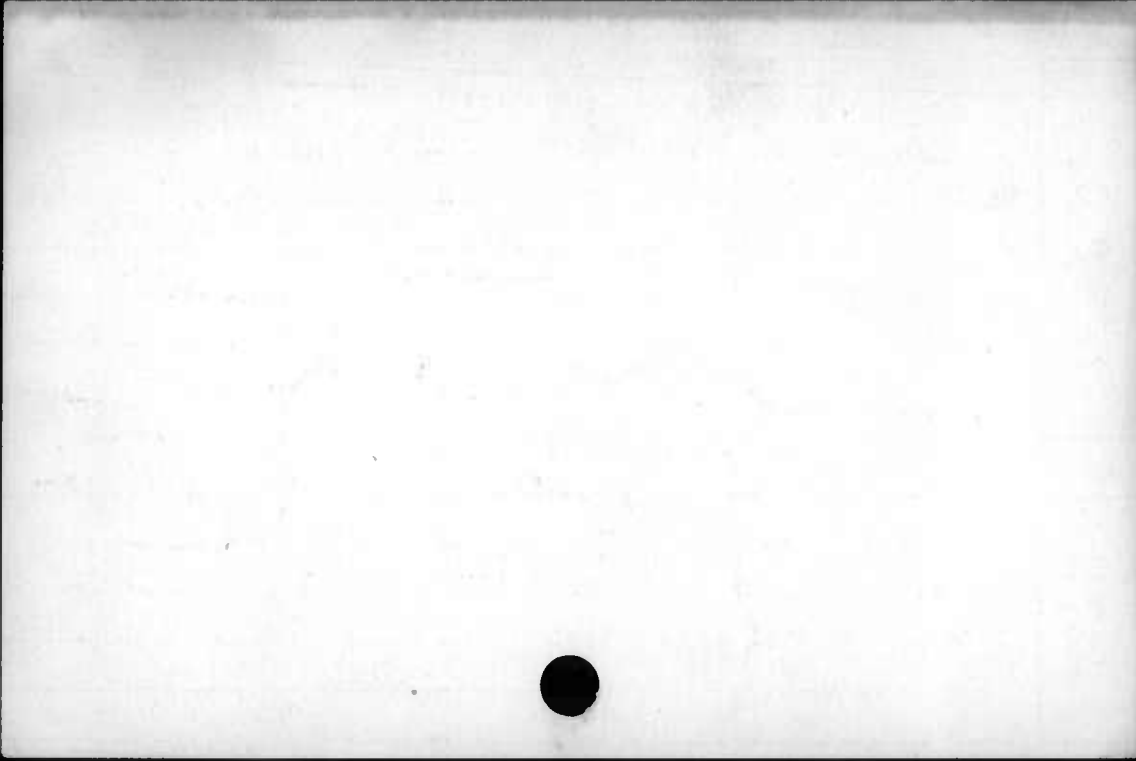
Died at <i>New Windsor</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>10</i>	Years <i>2</i>	Months <i>2</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>unknown</i>		Where Residing if not at place of death <i>New Windsor</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>John R Hamm</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lula Irene Haines</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>W. C. Haines</i>		How related to deceased <i>Uncle</i>			

*fell into a tub filled with
boiling water.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scalded</i>	(167)	How long <i>One day</i>
Immediate		How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>y/s</i>	Signature of Physician <i>Dr. Ira E. Whitehill</i>	
	Address <i>New Windsor</i>	
Accident or Suicide? <i>Accident.</i>	<i>Md.</i>	



Name
in
Full

Samuel W. Hoosel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

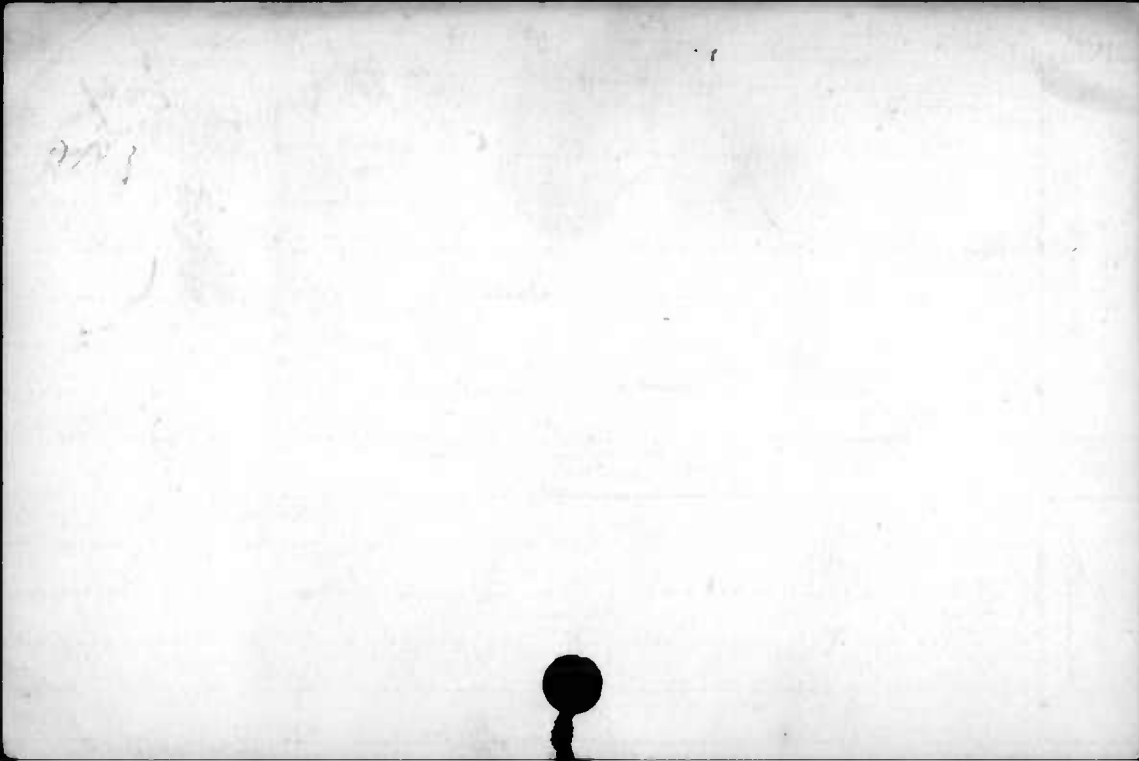
Died at <i>Ridgwell</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>11</i>	Age <i>80</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White American</i>	Birth-place <i>Howard Co.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Ridgwell</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>Isaiah Hoosel</i>	Father's Birthplace <i>Howard Co</i>				
Mother's Maiden Name <i>Charity Shipley</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>L. A. Hoosel</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Fracture of Neck of Femur</i>	How long <i>9 months</i>
Immediate	<i>Asthenia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. E. Brownwell</i>
		Addressee <i>W. H. Cary</i>
Accident or Suicide?		



Name
in
FullElizabeth Catherine Hooper,
Died near ^{Town} *Samus Creek* ^{County} *Carroll*

CERTIFICATE OF DEATH

MARYLAND

Date of death *1907* ^{Month} *6* ^{Day} *2* ^{Years} *75* ^{Months} *3* ^{Days} *10*Sex *Female* Color or Race *White* Birth-placeOccupation *Household* Where Residing if not at place of death *near Samus Creek*Married, Single or Widowed *Widow* Name of Wife or Husband *William H. Hooper*Father's Name *Benjamin F. Shuberts (deceased)* Father's Birthplace *Unknown*Mother's Maiden Name *Mary M. (Pender) (deceased)* Mother's Birthplace *"*Name of person giving information *Joseph L. Hooper* How related to deceased *Son*

CAUSES OF DEATH

Primary *Apoplexy* *(64)* How long *5 days*
Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. D. Crout*Address *Winfield Carroll Co*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bethany

Name in Full		Robert L. Hofyfe				No 207		
						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	Months
		Sex		Color or Race		Birth-place		Days
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		<div>CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER		Primary		(166)		How long		
		Immediate		Brain		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Address						
13 R		Fell down stairs and struck head against door Accident or Suicide?						

Sharon
Westminster Cemetery

Name
in
Full

Emma Catherine Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freedom</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>5</u>	Age <u>33</u>	Years <u>7</u> Months <u>17</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife <u>Perry R. Jenkins</u>				
Father's Name <u>Basil T. Grimes</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Emily Fleming</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Perry R. Jenkins</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>4 hrs.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. D. Morris</u>
	Address <u>Eldersburg Md.</u>
Accident or Suicide? <u>no.</u>	



Name
in
Full

Mrs. Barbara Ann Jones

CERTIFICATE OF DEATH

Died at *Sykesville*

Town

County

Carroll

MARYLAND

Date

of death *1907 June*

Month

Day

14

Age

Years

52

Months

7

Days

22

Sex

*Female*Color or
Race*White*Birth-
place*Penn*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*John Jones*Father's
Name*Joshua Gettle*Father's
Birthplace*Penn*Mother's
Maiden Name*Sarah*Mother's
Birthplace*Penn*Name of person giving
Information*John Jones*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Carcinoma of Liver

How long

*complaining
for years*

Immediate

*Pulmonary Edema - Failure of
Respiration*

How long

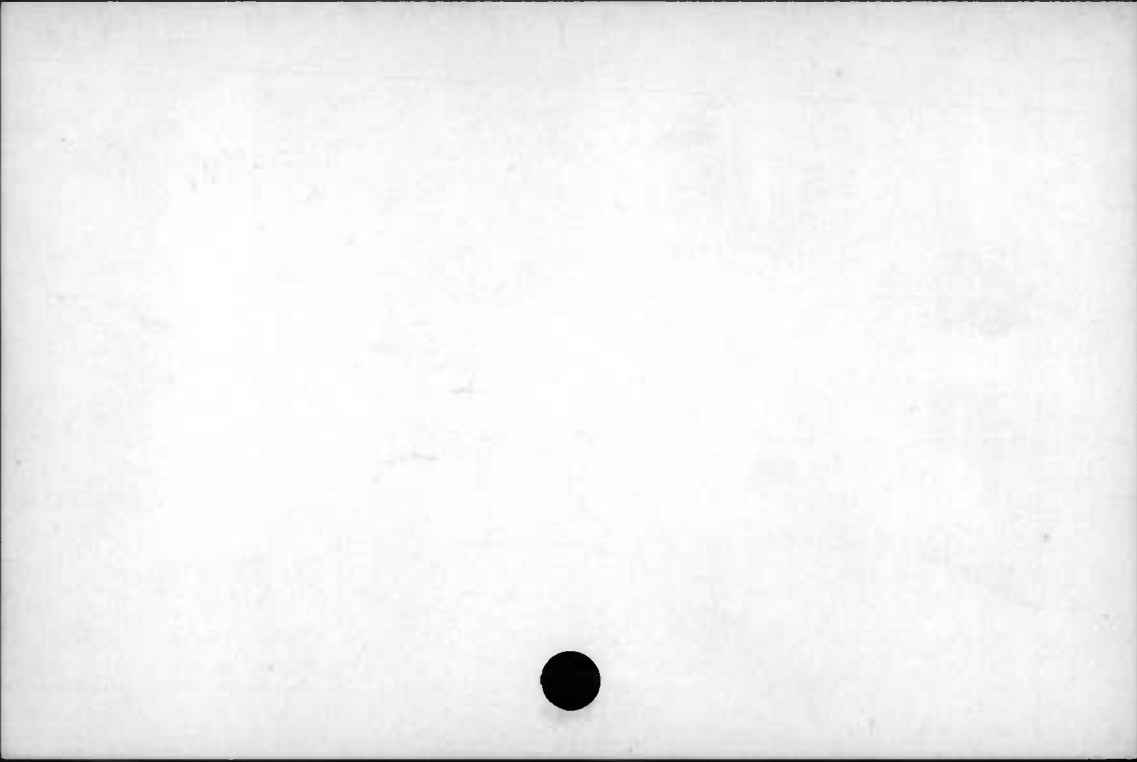
*12 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Daniel B. Beecher*

Address

*Sykesville,**Md*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas B. Jones

CERTIFICATE OF DEATH

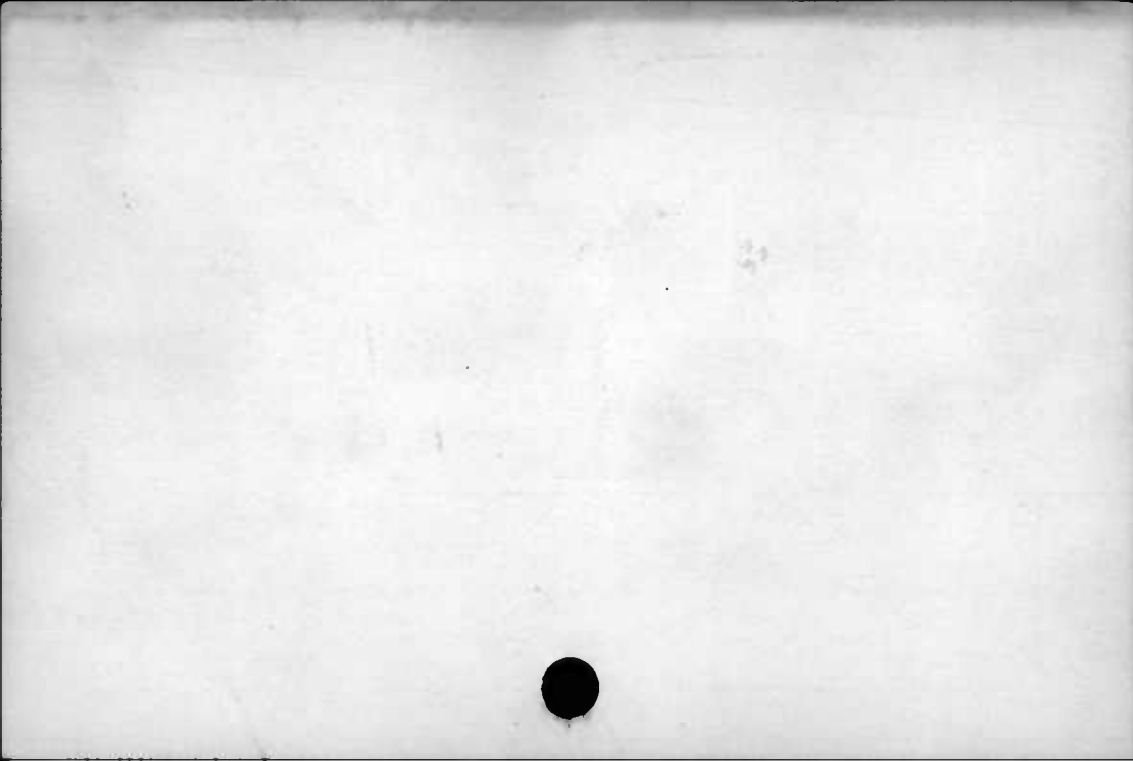
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Eldersburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	June	Day	8
Age	61	Years		Months	4
Sex	male	Color or Race	white	Birth-place	Kent Co. Ind.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
married		Fannie E. Jones			
Father's Name		Father's Birthplace			
Thos. Jones		Kent Co. Ind.			
Mother's Maiden Name		Mother's Birthplace			
Fannie E. unknown		Kent Co. Ind.			
Name of person giving information		How related to deceased			
Thos. A. Jones		son.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Heart Disease</i>	<i>20 min.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	<i>MD Morris</i>
	Address
	<i>Eldersburg</i>
	<i>md.</i>
Accident or Suicide?	
no.	



Name
in
Full

Janice Kelly

No 210

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Deer Park Road		County Carroll		MARYLAND	
Date of death 190	7	Month June	Day 9th	Age	44	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Carroll Co. Md.
Married, Single or Widowed	Single			Occupation	House		
Name of Wife or Husband							
Father's Name				George Kelly			
Mother's Maiden Name				—			
Name of person giving Information				—			
				Father's Birthplace			
				Carroll Co.			
				Mother's Birthplace			
				Carroll Co.			
				How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. M. Blader	
		Address	
		Reisterstown Md.	
Accident or Suicide?			

Quicksburg Cemetery
Stoner

Name
in
Full

Jacob Kerchner

No 211
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1907	Month June	Day 10	Age 5-8	Years	Months 9	Days 10
Sex	Male		Color or Race	White		Birth- place	MD
Occupation	Miller			Where Residing if not at place of death Home			
Married, Single or Widowed	Married		Name of Wife or Husband	Annie Kerchner			
Father's Name	George Kerchner					Father's Birthplace	Carroll MD
Mother's Maiden Name	Sarah Bollinger					Mother's Birthplace
Name of person giving In formation	Mrs Annie Kerchner					How related to deceased	Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	6 mos.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Eugene M. Sullivan
		Address	1146 Main St.
Accident or Suicide?			

St Benjamin's Cemetery.
Storer.

Name
in
Full

Ervin J Koontz

CERTIFICATE OF DEATH

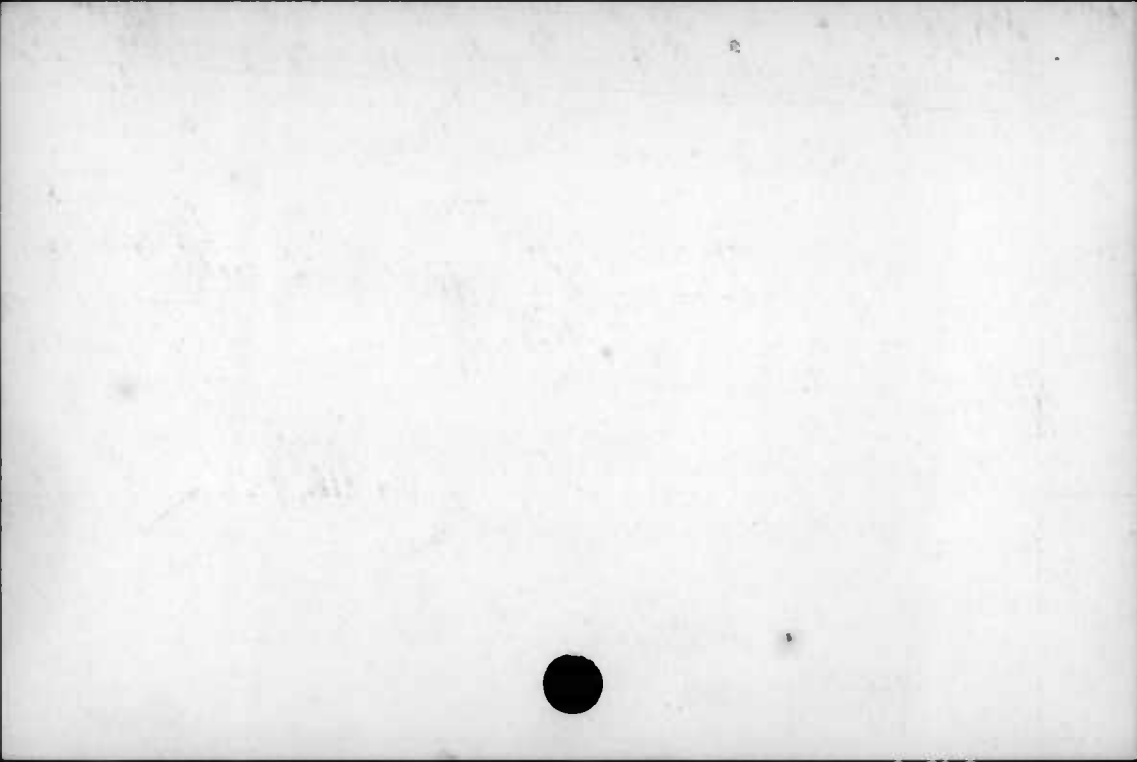
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Kump</i>		Town <i>Kump</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>24</i>	Age	Years <i>11</i>	Months <i>24</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>X</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>Theodore Kovritz</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Sarah E. Huttera</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Theodore Kovritz</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mentition</i>	How long <i>4 months</i>
Immediate <i>Convulsion</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles E. Roop</i>
	Address <i>Fanny Lane Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

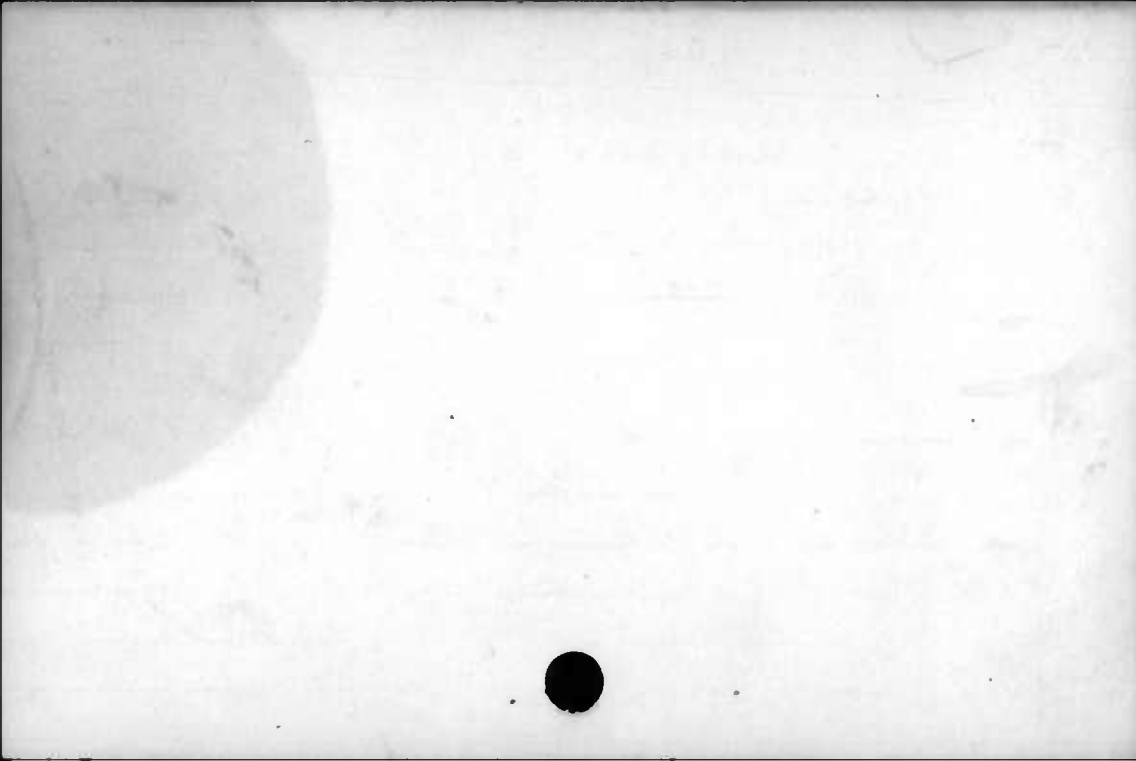
Died at <i>630</i> Town <i>Immanahesia</i> County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>18</i>	Age <i>72</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Natasha Pa</i>	Months <i>4</i> Days <i>28</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near Ahesia</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>May E. Lawson</i>		
Father's Name <i>Thomas Lawson</i>	Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Ellen Lawson</i>	Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>G. Frank Lawson</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Ulcer of Stomach</i>	How long <i>18 months</i>
Immediate <i>Inanition</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Preston MD</i>
	Address <i>Manchester</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Pius Calvin Little

214

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1907 June 26 Age 69 Months 2 Days 16

Sex Male Color or Race White Birthplace Md

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Jacob Little Father's Birthplace Md

Mother's Maiden Name Susanna Switte Mother's Birthplace Md

Name of person giving information Harry Little How related to deceased Nephew

CAUSES OF DEATH

(91)

Primary Chronic Bronchitis How long several years

Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. R. Foust

Address Westminster Md

Accident or Suicide?

St Benjamins cemetery
Stones.

Name
in
Full

Nora Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

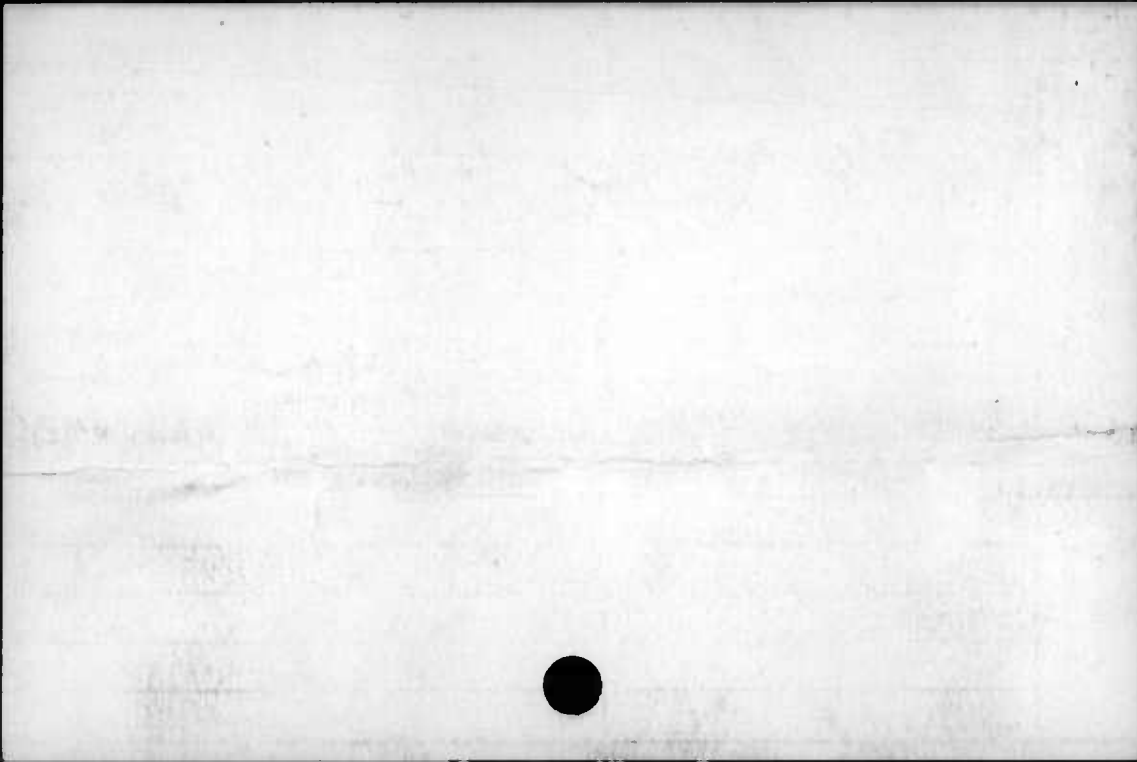
Died at <i>Spungfield Hospital</i>		Town <i>Leannoll</i>		County		MARYLAND	
Date of death	190 <i>7</i>	Month <i>June</i>	Day <i>3rd</i>	Age <i>58</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Unknown</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Dr. Mary Waters</i>		How related to deceased					

CAUSES OF DEATH

155-

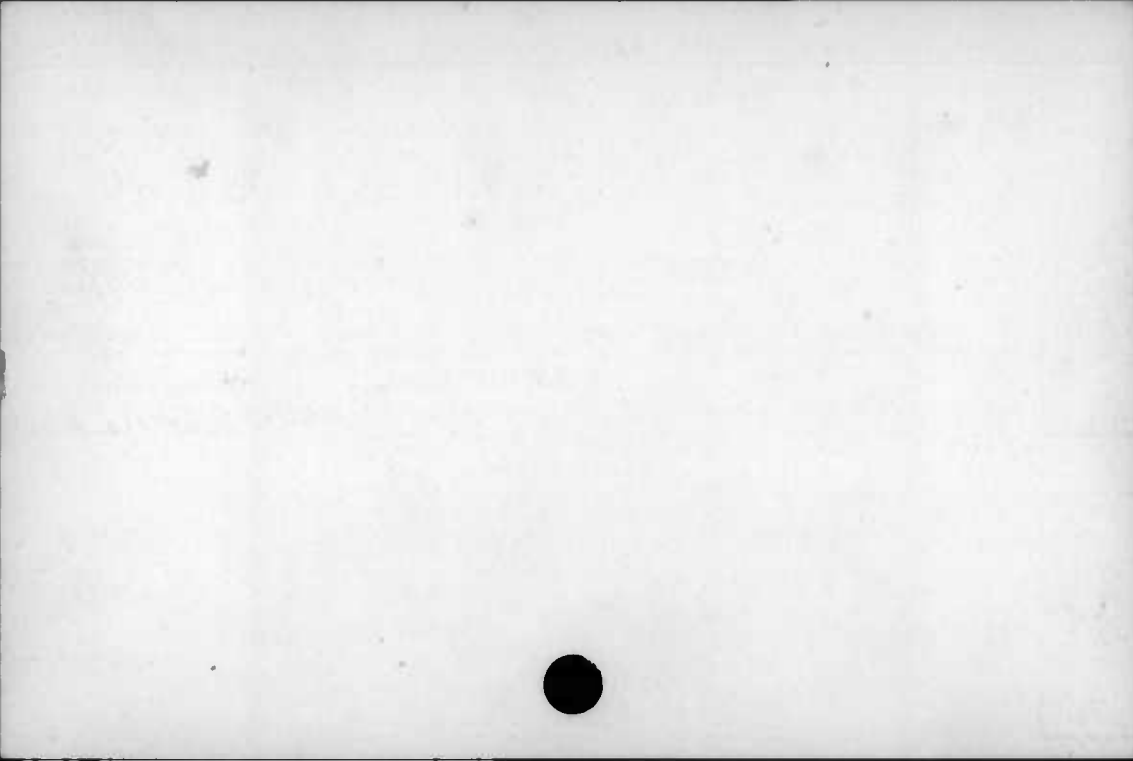
PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long
Immediate	<i>Suicide Carbolic Acid</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician
		Address <i>Harry F. Buckley</i>
Accident or Suicide? <i>Suicide</i>		<i>Coroner</i>



Name in Full		Samuel Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Int. Pleasant		County Garrett		MARYLAND	
	Date of death	1907	Month June	Day 29	Age 73	Years 5	Months 21
	Sex	Male		Color or Race	White		
	Occupation	Blacksmith		Where Residing if not at place of death		Garrett Co.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Kate F. G. Miller	
	Father's Name	Jas. O. Miller		Father's Birthplace		Unknown	
	Mother's Maiden Name	Elizabeth Rounton		Mother's Birthplace		Unknown	
	Name of person giving information	Kate F. G. Miller		How related to deceased		Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic bronchitis				How long	2 yrs
	Immediate	Complication of disease				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician W. Lewis H. H. H. D.		
					Address Union Mills Ind.		
	Accident or Suicide?						

120



Name
in
Full

Carroll J. Ohler

CERTIFICATE OF DEATH

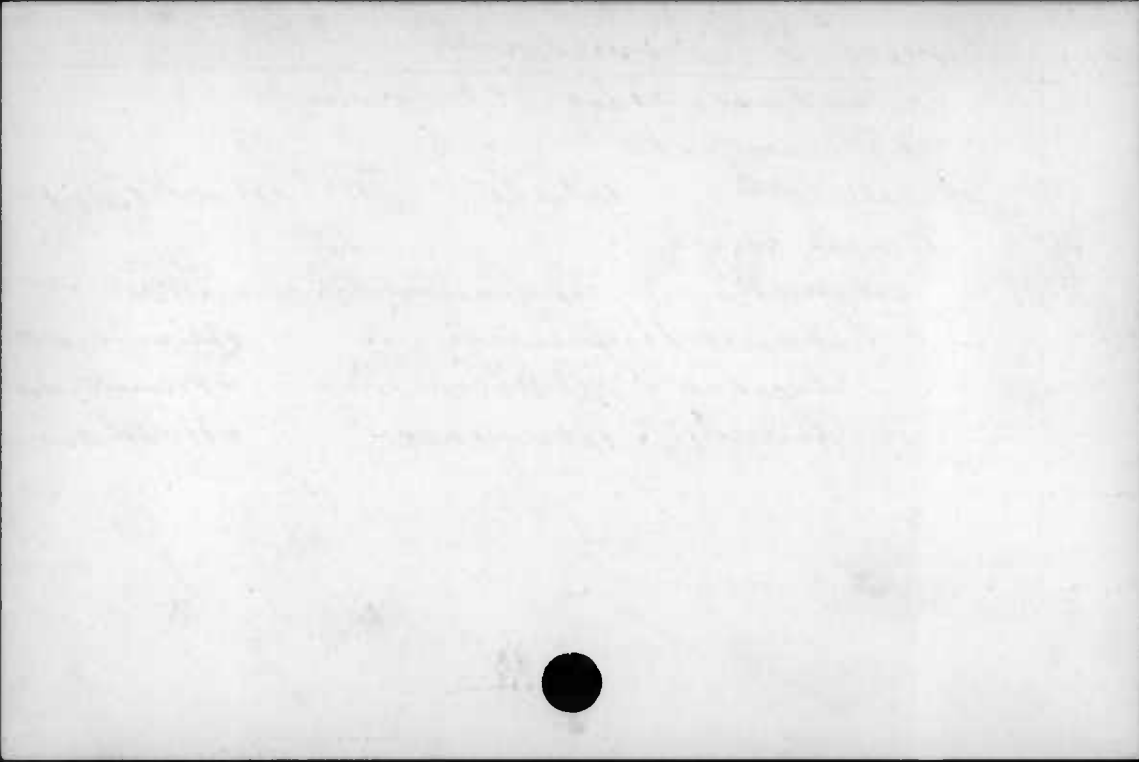
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Taneytown</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>24</i>	Age <i>2</i> <small>Years</small>	Months <i>11</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harry J. Ohler</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Minnie Kitterbrack</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident.</i>	How long	<i>(172)</i>
Immediate	<i>Drowning</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles E. Corp</i>	
		Address <i>Taneytown Md</i>	
Accident or Suicide?			



Name
in
Full

Grace V. Orndorff

213

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	15	23		9	
Sex	Color or Race	Birth-place					
Female	White	Maryland					
Occupation	Where Residing if not at place of death						
House Wife							
Married, Single or Widowed	Name of Wife or Husband						
Married	Edward B. Orndorff						
Father's Name	Father's Birthplace						
Nathan H. Orndorff	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Aunnie L. Shree	Maryland						
Name of person giving information	How related to deceased						
Aunnie L. Morgan	Mother						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Consumption	About two years
Immediate	How long
Pleurisy & Pneumonia	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	D. F. Shipley, M.D.
	Address
	Westminster Md.
Accident or Suicide?	

Sharrer
Warfieldsburg

Name
in
Full214
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full Thomas E Reese		Town Westminster		County Carroll		State MARYLAND	
Died at Westminster		Month June		Day 19		Years 40	
Date of death 1907		Month June		Day 19		Years 40	
Sex Male		Color or Race White		Birthplace Maryland		Months 26	
Occupation Banker		Where Residing if not at place of death Maryland					
Married, Single or Widowed Married		Name of Wife or Husband Virginia Reese					
Father's Name Andrew J. Reese		Father's Birthplace Maryland					
Mother's Maiden Name Elizabeth L. Myers		Mother's Birthplace Idaho					
Name of person giving information Andrew J. Reese		How related to deceased Father					

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary Gunshot Wound of Head (Suicide)	How long _____
Immediate Shock & Haemorrhage	How long _____
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo. J. Hering
	Address Westminster, Md
Accident? <input type="checkbox"/> Suicide? <input type="checkbox"/>	

Shaner

14riders

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Premature Infant Reifsmider

Town *Taney town* County *Seamond* MARYLAND

Died at *Taney town*

Date of death *1907 June 15th* Age *2 yr* Months *1* Days *1*

Sex *Male* Color or Race *white* Birth-place *Ma*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Lewis Reifsmider* Father's Birthplace *Pa*

Mother's Maiden Name *Alice Shomaker* Mother's Birthplace *ma*

Name of person giving information *my own knowledge* How related to deceased _____

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature birth* How long _____

Immediate *Debility* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. Birnie*

Address *Taney town*

Accident or Suicide? _____



Name

in
Full

CERTIFICATE OF DEATH

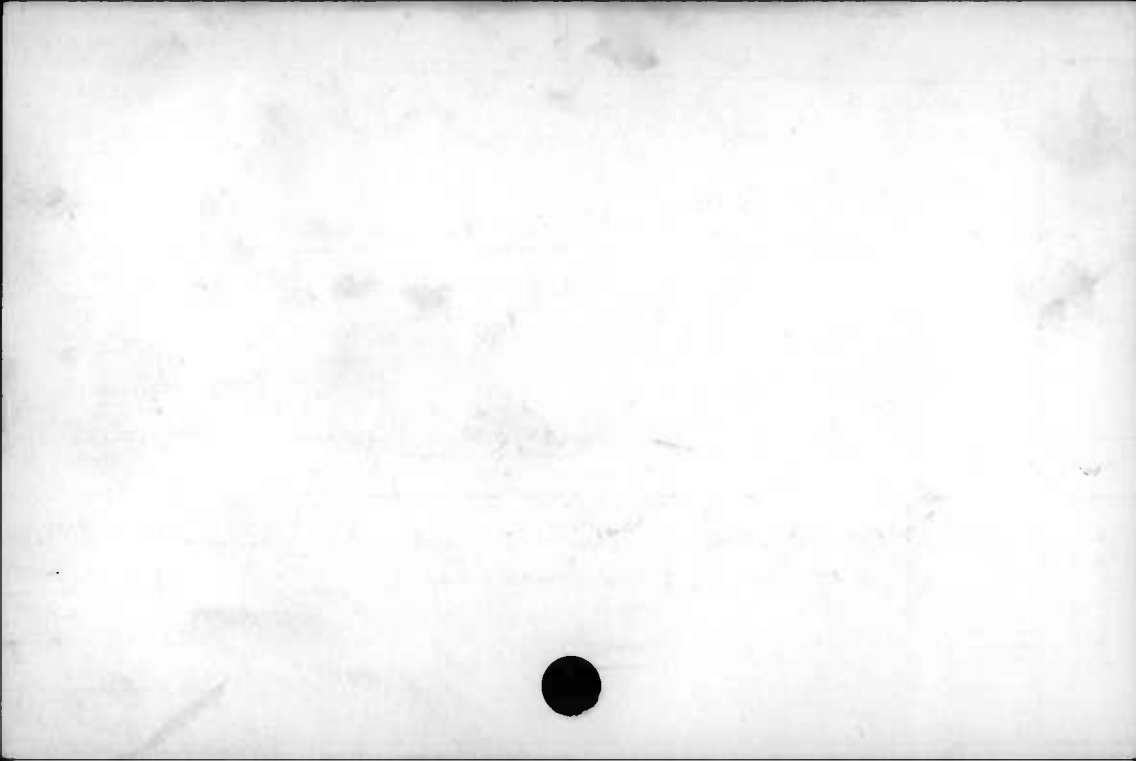
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marbletown</i>		Town <i>Marbletown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>18</i>	Age <i>64</i>	Years <i>10</i>	Months <i>18</i>	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Port Puna</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Port Puna</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Jacob</i>				
Father's Name <i>Mr. Lyndon</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Frank</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 hour</i>
Immediate <i>Stroke</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. J. Cooke</i>
	Address <i>Marbletown</i>
Accident or Suicide?	



Name
in
Full

Charles F Roof

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Keysville</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	1907	Month	6	Day	18
Age		65		Years	1
Sex		Male		Color or Race	White
Occupation		Retired cabinet maker		Birth-place	Carroll Co Md
Where Residing if not at place of death					
Married, Single	Name of Wife or Husband <u>Mary C Roof</u>				
Father's Name	<u>David Roof</u>		Father's Birthplace	<u>Ted Co Ind</u>	
Mother's Maiden Name	<u>Susan Grimes</u>		Mother's Birthplace		
Name of person giving information	<u>Mary C Roof</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary	<u>Rheumatism. M. S. Sphincter</u>	How long	<u>30 years.</u>
Immediate	<u>Diarrhoea. Exhaustion</u>	How long	<u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>H. H. Davis.</u>	
Address		<u>Tracyton.</u>	
Accident or Suicide?		<u>med.</u>	



Name
in
Full

Henrietta Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Longville

County Carroll

MARYLAND

Date of death 1907

Month 6

Day 2

Age 74

Years

7 Months

5 Days

Sex Female

Color or Race

White

Birth-place

Copperville Ind

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

John T Shriver

Father's Name

John Shoemaker

Father's Birthplace

Ind

Mother's Maiden Name

Lydia Lightner

Mother's Birthplace

Pa

Name of person giving information

Emma Shriver

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Brights Disease

120

How long

8 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Charles D Roof

Address

Tarrytown Ind

PHYSICIAN
OR CORONER

Accident or Suicide?

0170/10/16

Name
in
Full

CERTIFICATE OF DEATH

Rudolph W. Shugars

Town

County

MARYLAND

Died at

Hampstead

Chesapeake

Date

of death 1907

Month

6

Day

27

Age

Years

Months

Days

1 hour

Sex

Male

Color or
Race

White

Birth-
place

Hampstead Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Samuel W. Shugars

Father's
Birthplace

Hampstead Md

Mother's
Maiden Name

Rosa B. Shugars

Mother's
Birthplace

Hampstead Md

Name of person giving
In formation

Rosa B. Shugars

How related

Mother

CAUSES OF DEATH

157

Primary

Asphyxia Neonatorum

How long

Immediate

Heart Failure

How long

1 hr.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edgar M. Bush M.D.

Address

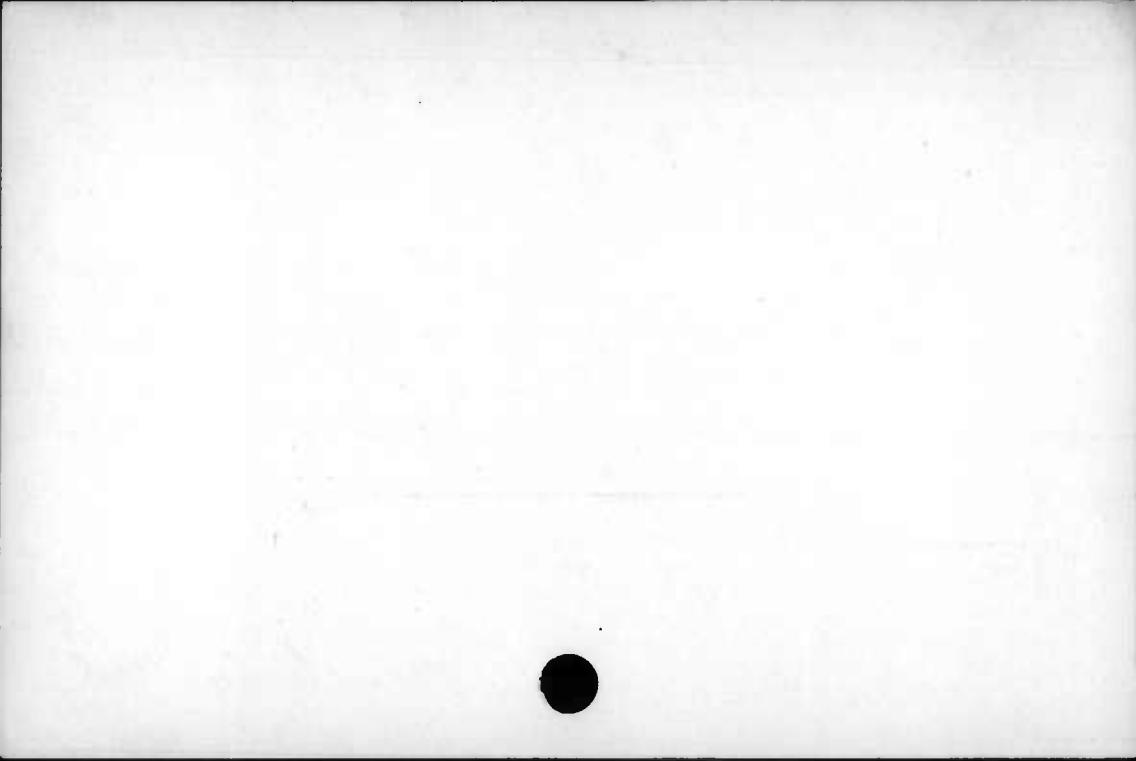
Hampstead, Md

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Roy Stansberry

CERTIFICATE OF DEATH

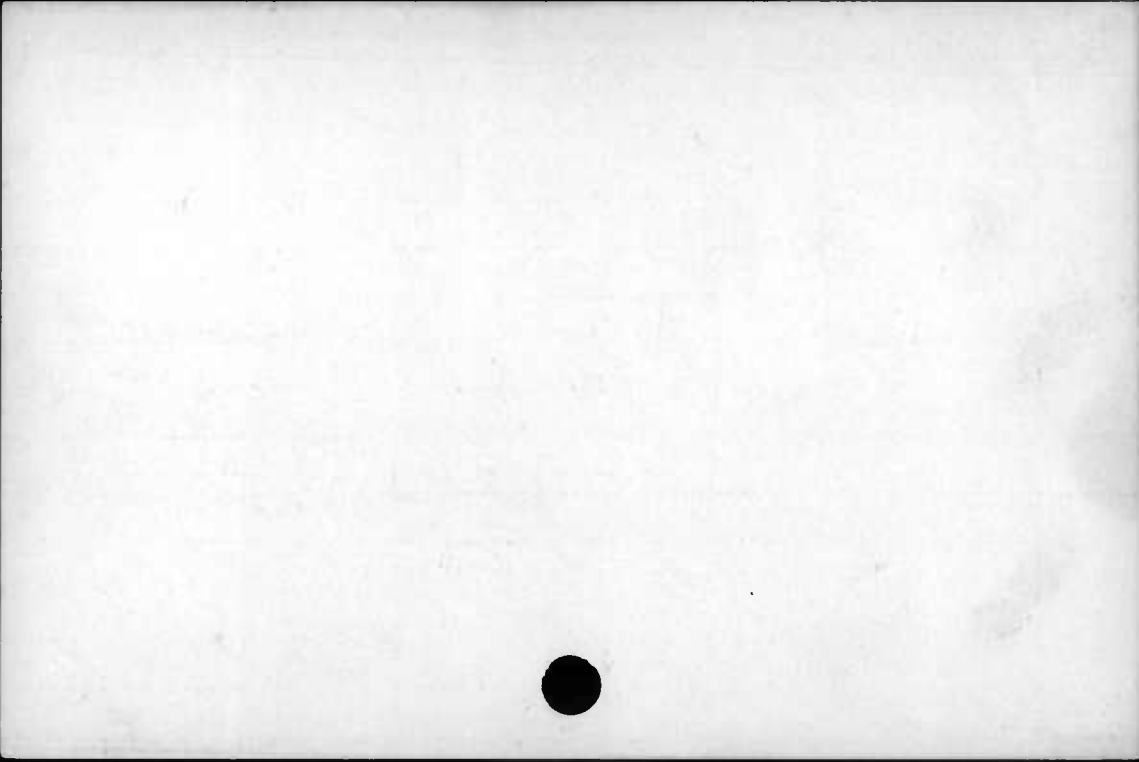
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunnells</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>6</i>	Age	Years	Months	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Brunnells</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Wm H Stansberry</i>			Father's Birthplace <i>Carroll Co Md</i>				
Mother's Maiden Name <i>Sarah A. Prider</i>			Mother's Birthplace <i>Carroll Co Md</i>				
Name of person giving information <i>Sarah A. Stansberry</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth possibly</i>	How long
Immediate <i>Six months</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Girtown</u>		<u>Cariall</u> County		MARYLAND	
Date of death	1907	6 Month	8 Day	Age	1 Months 7 Days
Sex	male	Color or Race	White	Birthplace	Girt
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Andrew J. Warner	Father's Birthplace		Carroll Co	
Mother's Maiden Name	Bady B. Jordan	Mother's Birthplace		Baltimore Co	
Name of person giving information	William L. Jordan	How related to deceased		Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	How long	Unknown
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. J. Batt
		Address	Westminster Md
Accident or Suicide?			

Harmony